

From the Office of

Congressman Tom Tancredo

Serving the 6th District of Colorado

Privacy Release and Case Information

I hereby authorize Congressman Tom Tancredo to request information from any Federal Agency or Department in reference to my inquiry. This authorization includes the release to him, or a member of his staff, any information relative to my inquiry.

| Print Name (All Caps): Date | | Signature (Required-Please sign in blue ink only): | |
|------------------------------|-----------------------|----------------------------------------------------|--|
| | | Social Security Number | |
| Last Name | | First Name | |
| Address | | | |
| City | State | Zip Code | |
| Phone Number | Other I.D. | Agency | |
| Please briefly describe the | e problem and how you | would like Tom to assist you. | |
| Problem: | | | |
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Please mail completed form to:

The Honorable Tom Tancredo 6099 South Quebec St., Suite 200 Centennial, CO 80111-4547